

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Title::	CASH DISPENSING AUTOMATED BANKING MACHINE AND METHOD
Suggested Class/subclass::	235/379
Suggested Group Art Unit::	2876
Attorney Docket Number::	D-1217 R3
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	18
Total Drawing Sheets::	15
Small Entity::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

## **Applicant Information**

Inventor Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	H.
Middle Name::	Thomas
Family Name::	Graef
Name Suffix::	
City of Residence::	Bolivar
State or Prov. Of Residence::	OH
Country of Residence::	US
Street of mailing address::	P.O. Box 287
City of mailing address::	Bolivar
State or Province of mailing address::	OH
Country of mailing address::	US
Postal or Zip Code of mailing address::	44612

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Kenneth  
Middle Name:: C.  
Family Name:: Kontor  
Name Suffix::  
City of Residence:: Chesterland  
State or Prov. Of Residence:: OH  
Country of Residence:: US  
Street of mailing address:: 9170 Cedar Road  
City of mailing address:: Chesterland  
State or Province of mailing address:: OH  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 44026

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name:: J.  
Family Name:: Harty  
Name Suffix::  
City of Residence:: North Canton  
State or Prov. Of Residence:: OH  
Country of Residence:: US  
Street of mailing address:: 6265 Walnut Ridge Circle N.W.  
City of mailing address:: North Canton  
State or Province of mailing address:: OH  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 44720

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Brian  
Middle Name:: M.  
Family Name:: Jones  
Name Suffix::  
City of Residence:: Navarre  
State or Prov. Of Residence:: OH  
Country of Residence:: US  
Street of mailing address:: 5870 Richville Drive, S.W.  
City of mailing address:: Navarre  
State or Province of mailing address:: OH  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 44662

**Correspondence Information**

Correspondence Customer Number:: 28995

**Representative Information**

Representative Customer Number::	28995
----------------------------------	-------

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Claims benefit under 35 U.S.C. § 119(e)	60/453,146	03/10/2003

**Assignee Information**

Assignee Name:: Diebold Self-Service Systems  
Division of Diebold, Incorporated

City of mailing address:: North Canton  
State or Province of mailing address:: OH